

CONTRACTOR'S CERTIFICATION OF INSURING LIABILITY FOR WORKERS' COMPENSATION IN VIRGINIA

Complete any area, not preprinted, and return this form with your Business License Application to
Commissioner of the Revenue, PO Box 149, Warrenton, Virginia 20188-0149.

Name of County: **FAUQUIER**

License Number: _____

(A separate certificate must be filed with each locality in which you obtain a license.)

Name of Contractor: _____

Contractor's Address: _____

Contractor's FEIN or SSN: _____

Contractor's Telephone Number: _____

Legal Status (Check One): ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

☐ Other _____

Method by which contractor's liability for workers' compensation is insured:

☐ Insured by an insurance carrier licensed to do business in Virginia. (The Maryland Injured Workers Fund and the West Virginia Fund are not licensed to write W.C. coverage in Virginia.)

Name of Carrier: _____

Policy Number: _____ Effective Date: _____

☐ A member of a group self-insured association licensed to do business in Virginia:

Name of Self-Insured Group: _____

Member Number: _____ Effective Date: _____

☐ Self-Insured by the Virginia Workers' Compensation Commission. Member Number: _____

☐ Insured under a master policy of a licensed PEO. Name of PEO: _____

☐ Workers' Compensation Insurance is not required. State Reason: _____

Under penalty of law, the undersigned certifies he/she is duly authorized by the business license applicant to execute this certificate, and the business named above is in compliance with the Virginia Workers' Compensation Act, and will remain in compliance with the law during the effective period of the business license.

Signature of Applicant or Authorized Agent: _____

Printed Name of Applicant or Authorized Agent: _____

Date: _____

INSTRUCTIONS FOR COMPLETION OF VWC FORM 61A

CONTRACTOR'S CERTIFICATION

Item 1 - To be completed by the official issuing the business license.

1. Circle one. City, Town or County.
Provide the name of locality issuing the license.
Provide business license number including any prefix or suffix.

Items 2-7 - To be completed by the contractor.

2. The name of the contractor must be the same as the name insured on the worker's compensation insurance policy.

Sole-proprietors and partners should include the name of the sole-proprietor and all partners as well as the trade name under which the business operates.

Provide the complete address used to receive mail by the U.S. Postal Service.

3. Provide the federal identification number or social security number. This information should also match the information on the workers' compensation policy.
4. Check or mark the legal status of the business.
5. Provide the complete name of the insurance company or self-insured group that insures the workers' compensation liability. If you are a client of a licensed Professional Employer Organization (PEO) and are insured under its master policy, provide the name of the PEO.

Do not use the name of an insurance agency.

If the name of the insurance company is unknown, contact the agent for this information.

The complete policy number or self-insured member number, including any prefix or suffix, must be shown.

If a question arises regarding whether workers' compensation coverage is required, consult one or more of the following resources: (1) the Virginia Workers' Compensation Commission Workers' Compensation Requirements brochure, (2) an insurance agent, (3) an attorney familiar with workers' compensation, or (4) <http://www.vwc.state.va>, (5) the Insurance Department at the Workers' Compensation Commission at (804)367-2075.

6. Sign and print the name of the person signing the form.
7. Date the form and present it to the licensing authority.

Note: The state funds of West Virginia and Maryland are not authorized to write workers' compensation insurance in Virginia.